

LIEN SATISFACTION FORM

LIENHOLDER S NAME _____

LIENHOLDER S ADDRESS _____

City

State

Zip Code

OWNER S NAME _____ OWNER S PHONE _____

OWNER S ADDRESS _____

City

State

Zip Code

DATE OF LIEN _____

AMOUNT OF LIEN _____

DESCRIPTION OF WATERCRAFT

REG. NUMBER: _____ TITLE NUMBER: _____ YEAR: _____

MODEL: _____ HULL ID NUMBER: _____

MAKE: _____ LENGTH: _____ CONSTRUCTION: _____

DESCRIPTION OF OUTBOARD MOTOR

TITLE NUMBER: _____ SERIAL NUMBER: _____

MAKE: _____ YEAR: _____ HP: _____ MODEL NUMBER: _____

**THE UNDERSIGNED HOLDER OF THE ABOVE LIEN(S) OF THE ABOVE BOAT AND/OR
OUTBOARD MOTOR DESCRIBED HEREON ACKNOWLEDGES FULL PAYMENT AND
SATISFACTION THEREOF:**

FIRST LIEN: _____ BY _____

Signature/Title

SECOND LIEN: _____ BY _____

Signature/Title

SWORN BEFORE ME THIS _____, _____

AT _____, S.C. _____

Notary s Signature

COMMISSION EXPIRES: _____

ATTACH A COPY OF THE TITLE OR SCREEN PRINT ON BACK

Revised 02-28-2001